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FACSIMILE COVER SHEET

TO: Examiner M. Dastouri
Group Art Unit 2623

FROM: Michael K. O'Neill

RE: U.S. Application 09/633,473
Atty. Docket No.: 03650.000138

FAX NO.: (703) 872-9306

DATE: September 7, 2004 **NO. OF PAGES:** 18
(including cover page)

TIME: 3:28 **SENT BY:** *Starm*

MESSAGE

Attached is an Amendment which is responsive to the Office Action dated April 5, 2004, together with a Petition For Extension Of Time.

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Michael K. O'Neill
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In re Application of:

Docket No. 03650.000138

KISHAN B. SHAH

Application No.: 09/633,473

Examiner: M. Dastouri

Filed: August 7, 2000

Group Art Unit: 2623

For: METHOD AND APPARATUS FOR EFFICIENT
DETERMINATION OF RECOGNITION
PARAMETERS

Date: September 7, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 17	MINUS	** 20	= 0	x \$9 \$18	- 0 -
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	- 0 -
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Charge \$ 420.00 to cover the fee for a two-month extension to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Michael K. O'Neill
Registration No. 32,622

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